

**United States District Court
for the District of South Carolina**

ECF ATTORNEY REGISTRATION FORM

This form is used to register for an account on the District of South Carolina Electronic Filing System. Registered attorneys will have privileges to electronically submit documents and to view the electronic docket sheets and documents. By registering, attorneys consent to receiving electronic notice of filings through the system. The following information is required for registration.

Please complete the following information to register for ECF: (THIS FORM MUST BE TYPED)

Last Name: _____ First Name: _____ Middle Initial: _____

If appropriate select one: Senior Junior II III Other _____

Firm Name: _____

Address: _____

City, State: _____ Zip Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the District of South Carolina pursuant to Local Civil Rule 83 DSC and Local Criminal Rule 57 DSC.

SC District Court ID Number: _____ Are you currently in good standing? Yes No

Last Four Digits of Social Security Number: _____ (for security purposes)

E-Mail Address for Electronic Service : _____

If registered for ECF in another Federal court, provide your **Login Name**: _____

Registering with a credit card number will allow you to electronically file initial pleadings and other documents requiring a filing fee. (This information shall be kept confidential.)

Credit Card Type: _____ Account #: _____ Expiration Date: _____

Check one or more of the following:

- I have completed the entire online tutorial _____ **OR**
- I have completed all of the computer based training modules _____ **OR**
- I am scheduled for training provided by the court on _____ or received training on _____.

By submitting this registration form, the undersigned agrees to abide by all Court rules, orders and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Fed. R. Civ P. 5(b) and 77(d) and Fed.R.Crim.P. 49(b)-(d) via the Court's electronic filing system. The combination of user id and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised by an unauthorized user.

Fax the form to:

ECF Registration
803.765.5108

OR

Mail to:

USDC ECF Registration
901 Richland Street
Columbia, SC 29201

(Signature/Date)

*** Once your registration is complete, you will receive notification by U.S. Mail as to your user id and password needed to access the system. Procedures for using the system will be available for downloading when you access the system via the internet. ***

Court Use Only:

Login Assigned: _____
Password Assigned: _____